

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2630AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/25/2010
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6259 DUNDEE PORT LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an Immediate Jeopardy Complaint Investigation conducted regarding your facility from 10/19/10 through 10/25/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. Immediate Jeopardy was identified on 10/19/10 at 12pm for TAGS Y050, Y175, Y250, Y251, Y590, and Y9999. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses and/or persons with chronic illnesses Category II residents. The census at the time of survey was four. Four resident files and four employee files were reviewed. Complaint #NV00026752 was substantiated and the following deficiencies were identified:	Y 000			
Y 050 SS=I	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review, and observation on 10/19/10, the administrator failed to provide oversight and direction to the staff to ensure 4 of 4 residents received the needed services and protective supervision they required (Resident #1, #2, #3, and #4). Findings include: Employee #1, failed to have a plan in place during a power outage to meet the needs of Resident #1, #2, #3, and #4. Refer to TAGS Y175, Y250, Y251, Y590, and Y9999. Severity: 3 Scope: 3	Y 050			
Y 175 SS=I	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 10/19/10, the administrator did not ensure the facility was free of hazards. Findings include: No lighting was available throughout the home, in particular in the restrooms where limited window lighting or no lighting was available. Bathroom #1	Y 175			

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Y 175	Continued From page 2 did not have any lighting. Bathroom #2 had limited window lighting in the tub and shower area but no lighting in the toilet area. Severity: 3 Scope: 3	Y 175			
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation and interview on 10/19/10, the facility did not ensure its equipment was in good working condition (no electric power). Severity: 2 Scope: 3	Y 250			
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0	Y 251			

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Y 590	Continued From page 4 On 10/19/10, during an on-site unrelated complaint investigation the facility was found to be without electrical power due to failure to pay the utility bill. Rooms were poorly illuminated by exterior windows only. Resident #1 was observed sitting undressed in his bed in a darkened room. Residents #3 and #4 were observed outside on the back patio. Resident #2 was observed in her bed. Employee #4 stated the power had been turned off briefly on 10/18/10. On 10/19/10 the power was again turned off at approximately 9 AM, according to Employee #4. The employee also stated he had not notified the administrator or the owner of the facility. The administrator, stated he was not responsible for bill paying and he gave all bills to the owner. Electrical power was turned back on at 5:10 PM. Refer to Tag Y175 Severity: 3 Scope: 3	Y 590			
Y9999	Final Observations NAC 449.011 Application for license. (NRS 449.037, 449.040) An application for a license that is filed with the Health Division pursuant to NRS 449.040: 3. In establishing that the applicant is of reputable and responsible character as required by NRS 449.040, must include personal references and information concerning the applicant ' s financial status and business activities and associations in and out of this State during the immediately preceding 3-year period. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, such references and information must be provided with respect to the members thereof	Y9999			

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Y9999	<p>Continued From page 5</p> <p>and the person in charge of the facility or program for which application is made.</p> <p>Based on record review and interview on 10/19/10 through 10/25/10, the facility failed to provide proof of responsible financial management.</p> <p>Findings include:</p> <p>A bill from Las Vegas Valley Water District, dated 11/23/09, documented that the facility's account was past due and subject to disconnection on 12/14/09 at 6 PM.</p> <p>A record review of NV Energy records for October through December 2009 and February through June 2010 and September 2010 was completed.</p> <p>During February 2010, the NV Energy statement indicated that a portion of the January 2010 balance was past due. The statement provided by NV Energy for the month of March 2010, documented that the facility did not pay the power bill for the month of January and February. The balance was forwarded to the March Statement. The statement issued in September indicated that a previous balance of \$702.87 and current balance of \$424.88 was due by 9/16/10. The total amount due by 9/16/10 was \$927.75</p> <p>A letter from NV Energy dated 8/24/10 was reviewed and stated that the facility had entered a bi-weekly payment arrangement contract with NV Energy in order to keep the power on. The contract start date was 8/25/10 and was scheduled to end on 9/22/10 .</p>	Y9999			

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Y9999	Continued From page 6 During an interview on 10/19/10, with an NV Energy service employee it was determined that the facility had received two previous notices in 2010 that the bill was past due (February and September) and the facility had ten days to pay the balance or the power would be turned off. Severity: 3 Scope: 3	Y9999			

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